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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** December 12, 2006**CLIENT-MATTER No.:** 25379-08538**To:**

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Laura A. Majerus**PHONE:** (650) 335-7152**SENT BY:** Dana Chevalier**PHONE:** (650) 943-5363**NUMBER OF PAGES WITH COVER PAGE:** 3 **ORIGINAL WILL NOT FOLLOW****MESSAGE:**

Please see attached.

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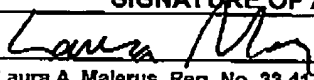
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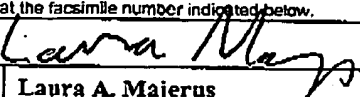
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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	Application Number	10/797,977	
	Filing Date	March 10, 2004	
	First Named Inventor	Robert Walsh	
	Group Art Unit Number	2167	
	Examiner Name	Cheryl Renea Lewis	
Total Number of Pages in This Submission	2	Attorney Docket Number	25379-08538

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417	Dated: 12/12/06

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:		
Typed or Printed Name:	Laura A. Majerus	Dated: 12/12/06
Facsimile Number:	571-273-8300	

25379/08538/DOCS/1669275.1

DEC 12 2006

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/797,977
	Filing Date	March 10, 2004
	First Named Inventor	Robert Walsh
	Group Art Unit	2167
	Examiner Name	Cheryl Renea Lewis
	Attorney Docket Number	25379-08538

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

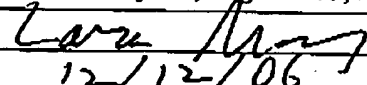
The reasons for this request are:

The client knowingly and freely assents to termination of the employment."

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Michael L. Hawkins QLogic Corporation				
Address	26650 Aliso Viejo Parkway				
Address					
City	Aliso Viejo	State	California	Zip	92656
Country	USA				
Telephone	(949) 389-6447	Fax	(949) 389-6488		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Laura A. Majerus, Reg. No. 33,417
Signature	
Date	12/12/06

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

25379/08538/DOCS/1669273.1